

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 8/11/16

Auditor Information			
Auditor name: Mable P Wheeler			
Address: 1176 Linden Avenue Macon, GA			
Email: wheeler5p@hotmail.com			
Telephone number: 478-737-2171			
Date of facility visit: July 11, 2016-July 13, 2016			
Facility Information			
Facility name: Irwin County Detention Center			
Facility physical address: 132 Cotton Drive Ocilla, GA 31774			
Facility mailing address: <i>(if different from above)</i> Same as above			
Facility telephone number: 229-468-4121			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Phillip Bickham			
Number of staff assigned to the facility in the last 12 months: 191			
Designed facility capacity: 1201			
Current population of facility: 788			
Facility security levels/inmate custody levels: Minimum/Medium/Maximum			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Olin Fletcher		Title: Sergeant	
Email address: ofletcher@irwincdc.com		Telephone number: 229-468-4121 ext. 239	
Agency Information			
Name of agency: LaSalle Corrections			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 26228 Ranch Road 12 Dripping Springs, TX 78620			
Mailing address: <i>(if different from above)</i> Same			
Telephone number: 512-858-7202			
Agency Chief Executive Officer			
Name: Rodney Cooper		Title: Executive Director	
Email address: Rodney@lasallesouthwest.com		Telephone number: 512-858-7202	
Agency-Wide PREA Coordinator			
Name: Chris Bell		Title: Regional Warden/PREA Coordinator	
Email address: chris@lasallesouthwest.com		Telephone number: 512-858-7202	

AUDIT FINDINGS

NARRATIVE

The PREA audit was conducted on July 11, 2016-July 13, 2016 at the Irwin County Detention Center in Ocilla, GA. The facility is operated by LaSalle Corrections. The company operates an additional 17 facilities in the states of Texas and Louisiana. The facility has a designated capacity of 1000 beds, housing both males and female inmates. On the first day of the audit, the population was 713.

On the first day, the PREA Auditor met with the Warden, Facility Compliance Manager, Agency PREA Coordinator, Assistant Warden, Captain, and Major. The auditor discussed the schedule for the day. A tour of all areas of the facility was conducted. Auditor reviewed additional requested information for standards compliance. Interviewing included the following: Facility PREA Coordinator, Warden, Specialized Staff, Random Staff from both shifts, and Inmates (male and female). Phone interviews was conducted with the Administration from The Haven, a Volunteer, and a mental health contractor. A total of forty-seven (47) interviews occurred. The facility provided detailed documentation on a USB flash drive, giving adequate time for advance review of documentation. All requests for follow up on additional information was timely.

An exit interview was held with the Agency PREA Coordinator, Warden, Facility Compliance Manager and other Department Representatives.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Irwin County Detention Center is a 1000 bed facility located in Ocilla, Georgia owned by LaSalle Corrections which operates under the auspices of the Irwin County Sheriff's Office. Point of entry is the main lobby entrance at the southern end of the compound, and all staff, contractors, visitors, and volunteers enter and exit through that location. All transportation is effected through the sally port located at the north end of the facility. The facility consists of four separate but inter-connected buildings surrounded by heavy duty wire fencing topped with concertina wire. The internal security fencing include cross fencing designed to eliminate mobility, and concertina wire at designated locations. There is a twenty-four hour, seven day a week perimeter guard that patrols the secured perimeter.

The original complex was constructed in 1991 and consists of a slab foundation with re-bar reinforced poured concrete block walls and a fully adhered, ballasted membrane roof. A new addition was completed in 2009. The original annex consists of four open dormitories, each having a capacity of seventy to one hundred, based on need. Additionally, there are two adjoined segregation units having a capacity of fifty-six for one, and forty-five for the other. Both units have single and multi-occupancy cells available with integrated stainless steel toilet and washbasin combos. There are separate showers for each of the units. New construction consists of a slab foundation with pre-cast stackable steel cells encompassed by an industrial grade steel framed building covered by seamless metal siding and roofing. Locking systems are operated electronically and mechanically. The new addition consists of two adjoined buildings, each having eight thirty-two person units in two and four bed cell configurations. Each cell has its own shower along with an integrated stainless steel toilet and washbasin.

The facility currently holds contracts to house United States Marshall's Service and Immigration and Customs Enforcement inmate/detainees for the Florida, Georgia, North Carolina, South Carolina, and Tennessee districts. Both male and female inmate/detainees are housed and are maintained in separate housing units based on the housing agency, gender, and classification levels. Staffing is based on National ACA Standards and all staff, to include contractors and volunteers, receives the pre-quisite training for inmate/detainee contact. The facility has a significant number of cameras which are monitored twenty-four hours a day. Counts are conducted seven times per twenty-four hour period. The facility is equipped with the required amount of emergency equipment and all weaponry is secured within the armory.

The facility has three outside recreation yards, one of which is dedicated to inmate/detainees housed under disciplinary related sanctions. Additionally, there is a full sized gymnasium equipped for basketball, indoor soccer, and etc. The new annex has two inside recreation rooms that meet the specifications to qualify as "outdoor recreation" areas. There are two separate law libraries in the new annex, and one in the original, all of which are equipped with the computer based "Lexus Nexus" systems. General library access to fiction, non-fiction is made available on a once per week basis and/or upon request. The facility also has a barber shop which operates on a daily basis to meet the schedule for said services. Visitation is conducted according to a published schedule, and all visitations are non-contact. Legal visitation is allowed during regular hours of operation.

Medical staff is on-site twenty-four hours a day and seven days per week. A Medical Doctor, Nurse Practitioner, Mental Health Professional, and a Psychiatrist are maintained on staff in addition to a full complement of Registered and Licensed Practical Nurses. The medical department has six single occupancy medical observation cells that are equipped with an integrated stainless steel toilet/wash basin. Two of these medical cells are equipped with negative air flow systems. The agency's transportation department facilitates the movement of inmate/detainees to outside medical providers for emergent and non-emergent health care issues.

All meals are dietician approved and prepared by employees of Trinity Food Services, a contract company.

SUMMARY OF AUDIT FINDINGS

Click here to enter text.

Number of standards exceeded: Click here to enter text.

Number of standards met: 40

Number of standards not met: Click here to enter text.

Number of standards not applicable: 3

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

Policy LCS-049 Sexual Abuse and Assault Prevention and Intervention Program
Section I Page 1 Policy
Section II Pages 2-3 Definitions
Section II A. Agency Wide PREA Coordinator
Section II B. Facility PREA Coordinator
Section IV Pages 3-5 Prevention Planning

Supporting Documentation:

Lasalle Corrections Organizational Structure
Facility Organizational Structure

PREA Accountability Statement:

Irwin County Detention Center has designated a PREA Compliance Manager. The PREA Compliance Manager reports directly to the Facility Warden. The PREA Compliance Manager and Assistant Warden are responsible for monitoring retaliation.

Interviews:

Facility PREA Compliance Manager
Assistant Warden
Other Specialized Staff

Conclusion:

The facility's policy and procedure LCS-049 serve as the guide for PREA Compliance. The facility's PREA policy agreement with United States Marshals Service provides that the facility is contractually obligated to adopt and comply with PREA standards. The sexual abuse and assault prevention and intervention program include strategies for implementing the zero tolerance of all forms of sexual abuse and sexual harassment. The SAAPIP include definitions of prohibited behaviors and sanctions for those found to have participated in the prohibited behaviors.

Lasalle Corrections employs an Agency PREA Coordinator. The PREA Coordinator has complete and unrestricted access to all agency facilities, records, staff and inmates. The PREA Coordinator ensures that each facility operated by Lasalle designates a PREA Compliance Manager.

The Irwin County Detention Center has a designated PREA Compliance Manager. An interview with the Jail Warden and a review of internal organization chart confirms this position. The Compliance Manager states that there is sufficient time to perform PREA related job responsibilities. He consults with the Warden when coordinating and implementing all activities related to PREA compliance.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
 Prison Rape Elimination Act
 Lasalle Corrections Audit Tool Policies Page 1

Supporting Documents:
 US Marshals Contract
 Irwin County Sheriff’s Department

Conclusion:
 The ICDC facility has not entered or renewed any confinement of inmate’s contracts on or after August 20, 2012. Facility operates with a verbal understanding of PREA Compliance.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
 American Corrections Association Standards
 Attachment A-Facility Annual Staffing Report (Example provided)
 Attachment B-PREA Unannounced Rounds (Documented)

PREA Accountability Statement:
 Supervisors are to utilize overtime if needed to ensure there are no deviations from the minimum staffing plan.

Supporting Documentation:
 Direct care staffing plan
 Staffing Plan Assessment
 Lasalle Corrections Training Curriculum (Supervisoion of Inmates)

Auditors review of current CCTV system

Interviews:

Facility Warden

Agency PREA Coordinator

Facility PREA Manager

Intermediate/Higher Level Facility Staff

Conclusion:

The staffing plan and administration review of staffing schedules ensure that at no time does the jail operate with less than 1 jailer per 48 inmates. The facility operates with above minimum staffing levels based on need to accept an unanticipated population of inmates without a lot of notice. A yearly staffing plan assessment was completed by the Warden and the PREA Coordinator from Lasalle Corrections. The review included overview of US Marshals Services requirements, staffing patterns, deployment of cameras, and unannounced rounds: operating procedures and other factors that contribute to maintaining compliance with the staffing plan and the PREA standard. There have been no deviations from staffing plan within last 12 months. Lasalle Corrections in compliance with PREA standards requires that Designated Administrative Staff conduct unannounced rounds at least once per month and that the visits are documented. During this visit any PREA related concerns are noted. The PREA policies prohibit staff from alerting other staff of the unannounced visits. The Warden ensures that this visit occurs. Facility practice also provides that a Lieutenant or Sergeant make continuous rounds throughout all living units on a 24 hour basis.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A The facility does not house Youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Sexual Assault Prevention Intervention Page 8 (a)(A)

LCS 3.1.14 Contraband and Searches Pages 4-5 5.A-E

Supporting Documentation:

Standard Operating Procedures-Offender Pat Searches and Viewing

Training:

Guidance in cross gender and transgender pat searches (facilitator guide)-The Moss Group

Cross gender pat searches for transgender and intersex inmates-The Moss Group

PREA Accountability Statement:

In the past twelve months ICDC has not conducted any cross gender pat down searches or cross gender visual body cavity searches of inmates. ICDC has not had any exigent circumstances to log concerning this standard. ICDC has not had any staff members search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Interviews:

Random Sample of Staff

Random Sample of Inmates

Transgender and Intersex Inmates-none

Conclusion:

LCS-049 addresses this standard and is supported by inmate and staff interviews. Cross gender pat down searches and cross gender strip searches of females are not allowed at this facility and would only be permitted under exigent circumstances. It is the practice that female inmates are directly supervised by female staff. Numerous staff have been trained to conduct cross-gender pat down searches but understand there are rare exceptions for this to occur, a (critical) incident training is documented.

Staff interviews reveal that all received training on conducting respectful and dignified searches. Direct care staff are aware of the requirement that a transgender or intersex inmate cannot be searched for the sole purpose of determining their genital status. No such searches have been conducted during this audit period.

Policy LCS-049

Inmates and staff interviews and observations of the housing area, verify that inmates have the opportunity to shower, use the toilet and change clothes without being viewed by staff. Male staff do not directly supervise female units. All male staff and inmates verified that male staff announces their presence prior to entering a female unit. All showers provide privacy.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-049 Sexual Abuse Assault Prevention and Intervention
LCS-050 Limited English Proficiency (LEP) Plan

Supporting Documentation:
Agreement with Lanuguage Line Services, Inc.
Copy of Invoice

PREA Accountability Statement:
ICDC has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Memo dated June 16, 2016 ICDC prohibits the use of inmate/detainee interpreters, inmate/detainee readers, or other types of inmate/detainee assistants.

Interviews:
Lasalle Corrections PREA Coordinator
Disabled and Limited English Inmates

Conclusion:
According to LCS Policy #050 limited English proficient inmates are afforded equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. ICDC contracts with Language Line Services, Inc. to provide Spanish interpreter services. This was verified by auditor. Inmates who wish to communicate with parties who have hearing disabilities are afforded access to a telecommunication device for the deaf (TDD). Public telephones with volume control are also made available to hearing impaired inmates. Inmate handbooks are provided in English and Spanish.

Staff and inmate interviews verified that inmate interpreters are prohibited except in limited circumstances. Several staff are fluent in Spanish. Auditor utilized staff when conducting interviews with non-english speaking inmates. Inmates permission was requested and received.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
ICDC 100.14 Employment of Ex-Offenders
ICDC 055 Candidates for Employment, Promotion and/or Performance Evaluations

Background Investigations:
Disqualifications for employment for positions with inmate contact
Agency policy requires that a criminal background check be completed before enlisting the services of any volunteer or contractor who may have contact with inmates

Criminal Records Checks required yearly on DOB
Employee Manual

PREA Accountability Statement:

All ICDC employees full and part time, all contractors and volunteers completed background clearances prior to providing services.

Supporting Documentation:

List of employees hired during audit period
PREA Employment Questionnaire (Examples)
Criminal Background Checks Completion Dates

Interviews:

Administrator (Human Resources Staff)

Conclusion:

Lasalle Corrections policy addresses the practices regarding hiring or promoting anyone who has engaged in sexual abuse in a jail, lock-up or similar facility has been convicted of engaging or attempting to engage in coerced or forced sexual activity; or has been adjudicated for any of the aforementioned activities. Staff and contractors must clear a background check prior to hire date. Any incident of sexual harassment is considered regarding the hiring or promotion of anyone.

ICDC compliance was determined through review of personnel information, interview with Human Resources Manager and staff interviews. Auditor reviewed form signed by applicants affirming the continuing duty to disclose any such misconduct once employed.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A-There has been no upgrades during this reporting period.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Sexual Abuse and Assault Prevention and Intervention Programs

Section VIII Response

Section IX Health Care Services

Section X Investigations

LCS-051 First Responder Procedure

Supporting Documentation:

MOU with Irwin County Sheriff Office to conduct investigations

Training Documented for Sheriff Department Investigator

MOU with The Haven for forensic exams (employs safe/sane nurses)

MOU with The Haven for the purpose of inmate reporting and counseling services

Facilities medical and mental health staff qualifications (PREA training)

PREA Accountability Statement:

No forensic exams were required within the past twelve months. Irwin County Sheriff's Office follows uniform evidence protocol when conducting investigations.

Interviews:

PREA Compliance Manager

Random Sample of Staff

Administrator from The Haven

Irwin County Sheriff's Office PREA Investigator

Conclusion:

LCS Policy # 049 requires that every effort is put forth by staff to preserve any alleged crime scene pending arrival of criminal investigators from the Irwin County Sheriff's Office. In addition, any physical evidence obtained by any ICDC staff member is preserved until it can be received by the criminal investigations. PREA Auditor reviewed certification documents for in house staff trained to do initial administrative investigations. All criminal investigations are conducted by Irwin Co. Sheriff's Office. MOU with Sheriff's Office reviewed. Uniform evidence protocol is utilized by Irwin Co. Sheriff's Office. If during investigation the evidence leads to the belief that an actual assault has occurred the victim is sent to The Haven. The Haven utilizes SAFE/SANE nurses. Forensic exam is free to alleged victim.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Sexual Abuse and Assault Prevention and Intervention Programs Page 13X., A., a.

LCS-049 Sexual Abuse and Assault Prevention and Intervention Programs Page 2-3 I., D., E., F.

PREA Accountability Statement:

ICDC immediately refer all incidents to Irwin County Sheriff Department for possible criminal investigations.

PREA Audit Report

Interviews:

Warden
PREA Compliance Manager
Irwin County Sheriff's Department PREA Investigator

Conclusion:

LCS Policy #049-Any act that occurs within the facility that is a violation of state law shall be reported to the Irwin Co. Sheriff's Office for investigation.

MOU with Sheriff's Office reviewed by Auditor.

During this 12 month reporting period 8 allegations of sexual assault/harassment were documented. Administrative investigations were completed. None of the allegations were substantiated. All completed administrative investigations were reviewed by Sheriff's Office Investigation Staff. Auditor reviewed administrative reports.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS 049 Sexual Abuse and Assault Prevention and Intervention Programs
Page 5-6 Staff Training H. a-b

Supportive Documentation:

PREA Acknowledgement (Examples)
Staff Training Hours (Reports)

PREA Accountability Statement:

ICDC employees have received required training

Interviews:

Random Sample of Staff

Conclusion:

LCS Policy #049 addresses employee training. Staff interviews, training documents and curriculum confirmed the training as required by PREA standard. All staff interviewed related frequent refresher training.

Training Curriculum

- LCS-049 Sexual Abuse or Assault Prevention and Intervention Program
- Zero Tolerance Policy
- LCS-051 Sexual Abuse and Assault Prevention and Intervention Program-First Responder Procedures
- Common Systems of Sexual Abuse and harassment victims
- Avoiding relationships with inmate/detainees

- Staff Inmate Communication
- PREA Video-Facing Prison Rape
- Con Games

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-049 Page 5 H-d

Supporting Documentation:
List of Volunteers
List of Contractors
PREA Acknowledgement Statements

Interview:
Volunteer (who had contact with inmates)

Conclusion:
LCS Policy #049
A review of training documentation supports the PREA education for volunteers and contractors. The volunteers and contractors receive training on their responsibilities regarding the zero-tolerance of sexual assault and sexual harassment and how to report any allegations on incidents. Interviews with the facility Warden and a Volunteer, by phone, confirmed that training occurs. Facility verified PREA training for all active volunteers.

Training Curriculum

- Introduction to Volunteer and Contractor PREA Training
- Zero Tolerance
- How to report Sexual Abuse or Sexual Harassment
- Detecting Sexual Abuse and Sexual Harassment
- Maintaining Professional Relationships with Inmates

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 6-7

Section I A (a)-(d)

Supporting Documentation:

Intake packet

Training Curriculum and Material:

The prevention of sexual abuse in jail/prison (overview for offenders)

Policy/Definitions/About Your Safety/What Happens when You report an incident of sexual abuse/Avoiding sexual abuse/Confidentiality/How to Report Sexual Abuse (English and Spanish)

National Detainee Handbook

PREA Accountability Statement:

All inmates have received PREA education sessions.

Interview:

Intake Staff

Random Sample of Inmates

Conclusion:

According to LCS-049, interviews (inmate/staff) and a review of intake records, all inmates are provided PREA information during the intake process. All inmates receive PREA education regardless if they are transferring from another facility or a new admission. PREA information is found in inmate handbook and visibly throughout facility.

All inmates interviewed were aware of procedures for reporting. PREA material is provided in English and Spanish. Interpreter services are available and verified by Auditor.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 5 h-a-b

Supporting Documentation:

NIC/Certificate of Completion

PREA: Investigating Sexual Assault in a Confinement Setting

Conclusion:

Irwin County Detention Center has currently (1) staff certified to conduct administrative PREA investigations.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 5 A-C

Supporting Documents:

Signed documentation of training-medical and mental health staff

PREA Accountability Statement:

All ICDC full time, part time and contract medical and mental health staff have completed PREA training.

Interviews:

Medical and Mental Health Staff

Conclusion:

LCS-049 addresses staff training medical and mental health staff have received general PREA training as well as specialized on-line training provided by PREA resource center. This training is documented. The medical staff does not conduct forensic exams.

Specialized Training: Medical/Mental Health Care Curriculum

- Introduction and Module 1: detecting and Assessing Signs of Sexual Abuse and Harassment
- Module 2: Forensic Evidence Preservation
- Module 3: How to Respond Professionally and Effectively to Victims of Sexual Abuse and Sexual Harassment During Incarceration
- Module 4: Reporting and the PREA Standards
- PREA and Medical and Mental Health Care: A Trauma-informed Approach

- Why PREA Matters; Understanding Sexual Trauma in Custody

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 3 IV A a

Page 4 E, F and G

Supporting Documentation:

PREA screen examples

PREA Accountability Statement:

The ICDC completes a PREA screen report on all inmates who enter facility.

Interviews:

Staff responsible for Risk Screening

Random Sample of Inmates

Conclusion:

LCS Policy #049 addresses the procedure for screening and classification. All inmates shall be screened upon admission to the facility for risk of sexual abuse victimization, for sexual abusiveness toward other inmates/detainees and shall be housed to prevent sexual abuse or assault. The screening instrument is used to obtain information required by the standard, including but not limited to prior sexual victimization or abusiveness; the inmate’s self-identification; current charges and offense history; intellectual or developmental disabilities. Inmate files and interviews verified that procedures are in place. The PREA questionnaire, LCS-054-1 is utilized. A copy is kept in inmate file. All interviewed state that the questionnaire is completed on day of arrival to facility. This information is available only on a “need to know” basis. All inmates within last twelve months received the screening. Additional screen and assessment tools are used to obtain information to assist in meeting the individual needs of inmates.

Inmates identified as having a history of sexually assaultive behavior or at risk for sexual victimization are assessed by a mental health or other qualified health care professional. These individuals are monitored and counseled as determined by the health care professional.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 4 B a

Page 4 B b

Page 4 B c

PREA Accountability Statement:

The ICDC completed a PREA Screen Report during booking process on all inmates within the last twelve months.

Interviews:

Warden

PREA Coordinator

PREA Compliance Manager

Staff Responsible for Risk Screening

Medical Staff

Conclusion:

Information obtained during the screening process which includes screening for vulnerability to victimization and sexuality aggressive behavior assists in determining housing, bed, work, education and program assignments. The goal is to keep all inmates safe and meet individual needs. Individual decisions are made regarding the safety of each inmate.

There has not been an inmate placed in isolation or controlled observation during this audit period due to the concern for their safety from sexual assault.

The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from like abusers.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

PREA Audit Report

Policies:
LCS-049 Page 3 4-5 C, A
LCS-049 Page 5 b

Supporting Documentation:

Memo to file-LaSalle Corrections Southeast (ICDC) has not had any involuntary segregated housing assignments during the past 12 months.

PREA Accountability Statement:

The agency has a policy prohibiting the placement of inmates at a high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers.

Interviews:

Warden
PREA Coordinator
PREA Compliance Manager
Staff responsible for Risk Screening

Conclusion:

Agency policy LCS-049 outlines the agency classification protocol. An inmate at risk for sexual victimization would only be placed in involuntary segregated housing after an assessment of all available alternatives has been made. There would be no available alternative means of separation from abusers.

Irwin County Detention Center has the ability to house a number of inmates in single cells. During this audit reporting period, there have been no inmates placed in involuntary segregated housing due to high risk of sexual victimizations.

There have been no inmates at risk for sexual victimization who were held in involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

There have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours while awaiting completion of assessment.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-049 Page 9 B, A-C
Page 7 2nd bullet
Page 6ii
Page 10 VII A a-f

Supporting Documentation:

Inmate files reviewed for verification of PREA orientation

Poster-How to Report Sexual Assaults

MOU between Irwin County Detention Center and The Haven (Sexual Assault Center)

Memo to File: LaSalle Corrections Southeast (ICDC) policy required that all verbal reports be documented immediately.

PREA Accountability Statement:

Each ICDC inmate received education/handbook on PREA reporting procedures.

Interviews:

Booking staff

Random selection of Inmates

Phone Interview with Director of The Haven

Conclusion:

LCS-049 Provides the frame work for inmate reporting of (1) sexual abuse or sexual harassment (2) Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and (3) staff neglect or violation of responsibilities that may have contributed to such incidents.

These procedures were verified by inmate/staff interviews, inmate handbook and posted information. Auditor also conducted interviews with a facility volunteer and crisis line administrator.

Inmates may utilize telephone located on each housing unit to call crisis line. This call is not monitored. Each inmate interviewed was aware that a report could be given to someone not connected to the facility (friend, family member).

Staff receive information on how to report through the staff handbook, policies and procedures, PREA training and posted information. All staff is aware that all verbal reports written or anonymous and from third parties must be documented in writing immediately. Also staff is aware of avenues to privately report incidents.

Auditor reviewed reports made during audit this period. None were substantiated.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 9 V. B (b)

LCS 3.5.4 Page 5 g) Records Maintenance Log

LCS 3.5.4 Page 4 d) Emergency Grievance

PREA Accountability Statement:

Procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is

alleged to have occurred.

Agency policy and procedures requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Interviews:

PREA Compliance Manager
Grievance Officer
Warden

Conclusion:

LCS 3.5.4 Facility practice provides that grievances regarding sexual abuse or sexual harassment may be completed and submitted at any time (regardless of when the incident may have occurred). The inmate is not required to handle an emergency grievance informally by attempting to resolve the situation with staff. During the past twelve months there has not been a grievance submitted alleging sexual abuse.

When a grievance is received regarding sexual abuse or sexual harassment, it is handled immediately by Facility Grievance Officer. The submission of a PREA related grievance is another avenue for reporting allegations. Third parties including fellow inmates, staff members, family members, attorneys and outside advocates may assist the inmate in filing grievance. The grievance will be forwarded to the Irwin Co. Sheriff's Office for investigation. If a third party files a grievance, the Sheriff's Office will not proceed unless the inmate provides written acknowledgement of his/her intent to proceed. In the past twelve months the Irwin County Detention Center has not had any grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 13 c

Supporting Documentation:

Agreement with The Haven
US Immigration and Custom Enforcement Poster
Handbook (The Prevention of Sexual Abuse in Jail/Prison)
How to Report Sexual Assaults

PREA Accountability Statement:

The facility informs inmates prior to giving them access to outside support of the mandatory reporting rules governing privacy, confidentiality and /or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

Interviews:

Random Sample of Inmates
PREA Audit Report

PREA Compliance Manager
Random Sample of Staff
Director from The Haven

Conclusion:

LCS Policy 049 addresses the standards. Procedures are in place providing inmate education regarding PREA. During the booking or intake process an inmate orientation handbook is provided. This document gives detailed information regarding prevention, self-protection, reporting and treatment/counseling in regard to sexual abuse and assault while incarcerated. Auditor verified with administrator from The Haven that there is a MOU in place with The Haven. The phone number is posted on all living units and throughout the facility. Inmate/staff interviews verified that this service is available. Inmates have ready access to phones and are aware that calls are not monitored. There is also a poster available for contact with US Immigration and Custom Enforcement.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Supporting Documentation:

LaSalle Corrections PREA Mission Statement
LaSalle Corrections Memo dated June 21, 2016

PREA Accountability Statement:

It is the responsibility of every Lasalle employee to immediately report any information passed through them by inmate, staff, 3rd party or anonymously regarding sexual abuse and assault whether the allegation was against staff or another inmate, a volunteer, contractor, etc.

Interviews:

PREA Coordinator
PREA Compliance Manager
Warden
Random Staff
Random selection of Inmates

Conclusion:

Auditor interviews verified that third party reporting of sexual abuse and sexual harassment are accessible via multiple avenues and is readily made available to the public.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 10 VII. A, a

LCS-049 Page 10 VII. A, e

PREA Accountability Statement:

ICDC requires immediate response and reporting of sexual abuse, sexual harassment, sexual misconduct and any retaliation. The Facility directs that staff having any suspicion of an incident of sexual abuse, sexual harassment or sexual misconduct or any knowledge of an incident in response to any allegation regarding sexual abuse, sexual harassment, sexual misconduct and retaliation report it immediately to their supervisor.

Interviews:

Warden

PREA Compliance Manager

Random Sample of Staff

Conclusion:

Lasalle Corrections requires all staff, volunteers, or contractors to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against an inmate or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation.

Medical and Mental Health staff are under the same obligations to report.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 11 VIII Aa

PREA Audit Report

PREA Accountability Statement:

Upon learning that an inmate is subject to a substantial risk of imminent sexual abuse, the facility would take immediate actions to protect the inmate. In the past twelve months there were no inmates subject to substantial risk of imminent sexual abuse.

Interviews:

Agency PREA Coordinator

Warden

Random Sample of Staff

Conclusion:

The facility will report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the Irwin County Sheriff's Office for investigation. Staff are prohibited from revealing any information related to a sexual abuse report to any one for purposes other than treatment investigation or security management. Significant effort would be taken to protect an inmate who is at risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 10 VII F

PREA Accountability Statement:

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the ICDC Warden notifies the Warden of the sending facility where the sexual abuse was alleged to have occurred. The notification occurs within 72 hours. In the past twelve months the ICDC received one offender that alleged to have been abused while confined at another facility. Protocol was followed in handling this incident.

Interviews:

Agency PREA Coordinator

Warden

Conclusion:

Upon receiving an allegation that an inmate has been sexually abused or sexually harassed while confined at another facility, the Warden will notify the Warden of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Irwin County Sheriff's Office of investigations. The Facility will document that it has provided the required notification.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-051 Page 3 G First Responder

PREA Accountability Statement:

The ICDC provided staff first responder training. In the past twelve months ICDC had 12 allegations of sexual abuse. 10 of these allegations, the first security staff member to respond to the report separated the alleged victim and abuser by placing them into different units.

Interviews:

Jailers
Non-Security staff first responders
Random Sample of Staff

Conclusion:

Of the allegations none were substantiated. Of these allegations both alleged victims were housed in single cells during the alleged sexual assault. Of these allegations, security staff reported and responded to the alleged victims. There was no evidence to collect due to the victims being housed by themselves during the time of the alleged assault. Irwin County Sheriff's Office reviewed the administrative investigations. Staff interviews confirmed that staff are aware of the correct steps to take when acting as first responders.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 10-13 VIII- I-X Staff notification and reporting

Interviews:

Warden

Conclusion:

The ICDC Warden confirmed that the Facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, the Facility Coordinated Response to a Sexual Assault Incident. The plan coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A Memo dated June 11, 2016-Lasalle Corrections has not entered into or renewed any collective bargaining agreement.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 6 II

PREA Accountability Statement:

Memo dated June 21, 2016-Designated supervisors are responsible for monitoring for possible retaliation in case of a sexual abuse investigation.

Interviews:

PREA Coordinator
Facility Compliance Manager
Warden
Assistant Warden
Designated Member Charged with Retaliation (PREA Compliance Manager)
Inmates who reported sexual abuse-none

Conclusion:

Assistant Warden and PREA Compliance Manager discussed different measures that would be taken to protect inmates or staff who report retaliation.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 3 IV. A (a)

PREA Accountability Statement:

Memo dated June 11, 2016 does not use segregated housing to protect inmates who are alleged to have suffered sexual abuse.

Interviews:

Warden
Medical and Mental Health Staff
Inmates in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)-none

Conclusion:

Interviews with the Warden and PREA Compliance Manager confirmed that no inmates that have alleged to have suffered sexual abuse were placed in isolation. An alleged victim will not be placed in the same housing area as the alleged perpetrator.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-053 Sexual Abuse or Assault Investigation Procedures

PREA Accountability Statement:

The ICDC has had no substantiated allegations of conduct that appeared to have been criminal that were referred for prosecution.

Interviews:

Irwin County Investigative Staff

Irwin County Sheriff’s Department

Conclusion:

The Irwin Co. Sheriff’s Department PREA Unit conducts all PREA related investigations. It was verified that the PREA Investigator received appropriate training. The investigator expressed a comprehensive knowledge of the complete investigative process, from beginning an investigation to referral for prosecution if warranted.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 13 B.b

Interviews:

Investigative Staff

Conclusion:

Irwin County Sheriff’s Office PREA Investigation Unit shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 14 C

Supporting Documentation:

Memo dated June 21, 2016-LaSalle Corrections Southeast (ICDC) currently has zero documents from an allegation investigated by an outside agency.

PREA Accountability Statement:

The ICDC informs inmates who make allegations that he/she suffered sexual abuse while in the facility, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the Agency.

Interviews:

Warden

PREA Coordinator

Conclusion:

Following an investigation, the Warden informs inmates as to whether an allegation has been determined to be substantiated, unsubstantiated or unfounded.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-049 IV A

Supporting Documentation:
Memo dated June 12, 2016- In the past 12 months no members of the facility staff have violated agency sexual abuse or sexual harassment policies.

PREA Accountability Statement:
The ICDC has disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months no staff violated agency sexual abuse or sexual harassment policies.

Interviews:
Warden
Human Resource Staff

Conclusion:
Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-049 Page 10 VII A. a-f

Supporting Documentation:
Memo dated June 12, 2016- In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

PREA Accountability Statement:
The ICDC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months no contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

Interviews:
Warden

Conclusion:
The interview with the Warden confirmed that any volunteer or contractor who engages in sexual abuse would be

prohibited further contact with inmates. All criminal violations will be reported to the appropriate law enforcement agency.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-049 Page 14 XL, A & B

Supporting Documentation:
Memo dated June 12, 2016-The facility has not disciplined any inmates for sexual conduct with staff upon finding that the staff member did not consent to such contact.

PREA Accountability Statement:
Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate on inmate sexual abuse.

Interviews:
Warden

Conclusion:
In the past 12 months, there were no administrative findings of inmate on inmate sexual abuse that occurred at the facility.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The follow was considered in determining compliance with the standard:

Policies:
PREA Audit Report

PREA Accountability Statement:

Follow up counseling for all inmates who reported a history of sexual assaultive behavior or at risk was conducted within 14 days.

Interviews:

Staff responsible for risk screening

Medical and Mental Health Staff

Inmates who disclose sexual victimization at risk screening-none

Conclusion:

When an inmate discloses sexual victimization during the intake screening. The inmate is referred for medical/mental health services within 72 hours of the screening. If a screening indicates that an inmate has previously perpetrated, the inmate will be offered a follow up meeting within 14 days.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:

LCS-049 Page 13 X.d.p.

PREA Accountability Statement:

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Interviews:

Warden

Medical and Mental Health Staff

Administrator "The Haven"

Conclusion:

Treatment services are provided to every victim without financial cost, regardless whether the victim names the abuser or corporates with any investigation arising out of it.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
Medical Policy 7.09 D.1.,5

Supporting Documentation:
Memo dated June 12, 2016-Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. None to report at this time.

PREA Accountability Statement:
The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility.

Interviews:
Medical and Mental Health Staff
Administrator “The Haven”

Conclusion:
The Warden confirmed no inmates have required ongoing medical and mental health services for sexual abuse within the past 12 months. Phone interview with crisis center administrator verified that all standard referenced services are available. ICDC policies are inclusive of the requirements of the standard. Services provided include medical and mental health evaluation, treatment, follow up services, and referrals for continued care. Medical and Mental Health Staff stated that the Facility level of medical and mental health services is consistent with the community level of care.

Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-049 Page 14-16 XII, A.-B.

PREA Accountability Statement:
The facility conducts a criminal or administrative sexual abuse incident review within 30 days of the conclusion of the sexual abuse investigation.

Interviews:
Warden

Assistant Warden
PREA Compliance Manager

Conclusion:

The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)(5) of this section and any recommendations for improvement and submits such report to the Warden, PREA Compliance Manager and Agency PREA Coordinator.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-049 Page 16-17 XIII
Examples of Investigations

Interviews:
LaSalle Corrections PREA Manager
Agency PREA Coordinator
Facility PREA Manager
Warden

Conclusion:

LaSalle Corrections collects sexual abuse and harassment data from all of its facilities (mandatory requirement). Annually the data is reviewed. Each facility is required to submit an annual Survey of Sexual Violence to DOJ. Incident reports are compiled monthly and reported annually to auditors from US Immigrations and Customs Enforcement. LaSalle Corrections has implemented a standard report for reporting PREA related incidents. This information is maintained at the agency level.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-17 XIV

Interviews:
Warden
Agency PREA Coordinator

Conclusion:
The agency completes an annual review of the data findings from each facility each year. The data is reviewed to determine if changes in policy/procedures or practices are needed. At this time no reports are available on LaSalle Corrections website. The facility will make copies available for review when requested through other means.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following was considered in determining compliance with the standard:

Policies:
LCS-049 Page 18 XV A.
LCS-049 Page 18 XV B.
LCS-049 XV D.

Interviews:
Agency PREA Coordinator

Conclusion:
The agency annual report information is not available on LaSalle Corrections website. The agency will make copies available for review as needed.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically

requested in the report template.

Mable P. Wheeler

8/11/16

Auditor Signature

Date